



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1535 Old Hot Springs Rd, Suite 60
Carson City, NV 89706
(775) 687-2060 • Fax (775) 687-5521

AFFIDAVIT OF NAME STATEMENT

Serial# _____ Size _____
Year _____ Manufacturer _____

- A. Statement of one and the same person.

I declare that _____
and _____
are one and the same person.

- B. Statement to correct misspelled name.

A name is incorrectly spelled on the Division's records. I request the records be corrected.
The correct spelling is: (PLEASE PRINT)

FIRST

MIDDLE

LAST

- C. Change of name, individual only.

I have changed my name without items to defraud.

FROM: _____

TO: _____

The new name will be used in the future.

- D. I/we wish my/our names(s) to appear on the Certificate of Ownership as follows:

I certify under penalty of perjury that the foregoing is true and correct. It is a gross misdemeanor to submit false information to the division.

SIGNATURE: _____

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned

Notary Public, on this _____ day of _____, 20____

by _____.

Notary Public